



C3 Accounting Code: 8040

State Of Michigan
Department of Energy, Labor & Economic Growth
Division on Deaf and Hard of Hearing

National Certification Registration Form

As a result of amendments made to the Deaf Persons' Interpreter Act, 2007 PA 204 (Sections 393.508 a-e) it is now required that all nationally certified interpreters register annually with the State of Michigan Division on Deaf and Hard of Hearing (DODHH) to be considered qualified to interpret in Michigan. Your registration serves to ensure you are in compliance with state law. Each qualified interpreter's name and credential(s) will appear in the Online Interpreter System as required by the statute, although you may choose not to list contact information by selecting that option on this registration form.

INSTRUCTIONS:

1. Type or print all identifying and credential information as required.
2. Designate if this is a first time registration within 30 days of receiving national certification or annual registration renewal.
3. Indicate your preference for contact information being displayed in the Online Interpreter System (www.mcde-dodhh.org).
4. Include \$30.00 payment (check or money order) addressed to: "State of Michigan." Non-sufficient funds (NSF) fees will apply and may affect your compliance with this mandate.
5. Submit legible copy of all current national interpreting credential(s) and/or proof of receipts from credentialing bodies.
6. Sign your name.
7. Send completed registration, copy of current national credentials, and \$30 payment to:
MCDC-DODHH, Attn: Nationally Certified Interpreter Registration/Renewal Fee
201 N. Washington Square, Suite 150, Lansing, MI 48913

After receiving your completed registration, you will be sent a card and updates will be made online.

I. IDENTIFYING INFORMATION:

<input type="checkbox"/>	By checking this box, I confirm that my contact information and credentials in the Michigan Online Interpreter System are accurate and current (www.mcde-dodhh.org). If there are changes to be made, please indicate them at this time by completing those fields below.
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NAME: (print or type) _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ National credential(s): _____

II. REGISTRATION or RENEWAL:

<input type="checkbox"/>	By checking this box, I confirm this is my first-time registration within 30 days of receiving national certification
<input type="checkbox"/>	By checking this box, I confirm my registration renewal has been submitted by the annual date of June 30th. For those awaiting the new card, please submit a copy of your receipt from the national office verifying current renewal.

III. ONLINE INTERPRETER SYSTEM:

<input type="checkbox"/>	Your name and credentials will be listed in the Online Interpreter System as mandated by PA 204 of 1982 amended in 2007. Please check this box if you do NOT want your contact information disclosed.
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VI. SIGNATURE:

_____	My signature indicates this form has been completed to the best of my knowledge and all documentation and the \$30.00 registration fee are included.
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Michigan Commission on Disability Concerns-Division on Deaf and Hard of Hearing
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877-499-6232/517-335-6004 Voice 866-939-3853/517-507-5223 Videophone